

# *Town of Horicon Planning Board*

## **Boundary Line Adjustment Instructions**

### Section 5A Subdivision Regulations

- 1.** Fill out and return the application, **Eight (8) copies** and all relevant materials to the Town of Horicon Zoning & Planning Office, Fourteen (14) days prior to meeting date. Planning Board meetings are held on the third (3<sup>rd</sup>) Wednesday of each month, 7:30 PM
- 2.** Attach **Eight (8)** copies of a current **survey map** showing all existing boundary lines and the proposed boundary lines.
  - A. Name and address of the parcel in question; North Arrow and scale.
  - B. The specific boundaries of the area to be adjusted.
  - C. Zoning district boundaries (if applicable) and the surrounding land use.
  - D. Existing drainage features.
  - E. Location of streams, ponds, rivers, marshes and culverts.
  - F. Present site conditions, (i.e) easements, existing utilities, structures, trees, streets and street names.
  - G. Present utilities, means of sewage disposal, method of water supply and storm drainage.
  - H. Proposed lot layout.
  - I. Any proposed right of ways for access to the new lot.
- 3.** Attach **Eight (8)** copies of your deed(s) as proof of ownership.
- 4.** If application is represented by someone other than the owner of record, **AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER** must be completed, notarized and attached to this application.  
**Eight (8)** copies
- 5.** Enclose a check for \$100. payable to the Town of Horicon.

Note: This application **DOES NOT** require an Environmental Assessment Form.

### **Check List:**

- 1)** Application\_\_\_\_\_
- 2)** Survey\_\_\_\_\_
- 3)** Deed\_\_\_\_\_
- 4)** Authorization form (If applicable)\_\_\_\_\_
- 5)** Payment \$100.00 \_\_\_\_\_

# Town of Horicon Planning Board

PO Box 90 Brant Lake, NY 12815

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[horiconzoning2003@yahoo.com](mailto:horiconzoning2003@yahoo.com)

## *Boundary Line Adjustment* Application

### Office Use Only

Name: \_\_\_\_\_ Application # \_\_\_\_\_

Date Received: \_\_\_\_\_ Public Hearing Date: \_\_\_\_\_

Decision Date \_\_\_\_\_ Approved / Denied

Conditions(if applicable) \_\_\_\_\_

The purpose of this application is to allow property owners adjust the boundary lines of said parcels Tax Map Numbers:

Parcel #1: \_\_\_\_\_ and Parcel #2 \_\_\_\_\_

### Parcel #1:

Property Owner's Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Location of parcel (911 Address): \_\_\_\_\_

Parcel Size:(acreage or sq. ft.) \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Is Parcel #1 presently a conforming lot? YES NO

If No, Explain: \_\_\_\_\_

What is the proposed size of Parcel #1 (acreage or sq. ft.) \_\_\_\_\_

If the Boundary Lot Adjustment for Parcel #1 is granted will the lot be conforming? YES NO

If No, Explain: \_\_\_\_\_

What structures currently exist on Parcel #1. ( list **all** structures): \_\_\_\_\_

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**Parcel #2:**

Property Owner's Name : \_\_\_\_\_

Mailing Address:\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Location of parcel (911 Address):\_\_\_\_\_

Parcel Size:(acreage or sq. ft)\_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Is Parcel #2 presently a conforming lot?    YES        NO

If No, Explain:\_\_\_\_\_

What is the proposed size of Parcel #2 (acreage or sq. ft.)\_\_\_\_\_

If the Boundary Lot Adjustment for Parcel #2 is granted will the lot be conforming?   YES        NO

If No, Explain:\_\_\_\_\_

What structures currently exist on Parcel #2. ( list **all** structures):\_\_\_\_\_

\_\_\_\_\_

If Applicable: (Fill out this area and complete the AUTHORITY TO ACT AS AGENT form attached)

Agent/Representative's Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Description of how to find Parcels:\_\_\_\_\_

\_\_\_\_\_

Include any additional information you may feel applies to the application here:

\_\_\_\_\_

\_\_\_\_\_

Is lot in question within **500 feet** of a **County or State Road**, Right of Way or Park, Municipal Boundary, watershed draining or any County or State Facilities? YES NO

County and State Roads: State Rte 8  
Palisades Rd #26  
East Shore Dr #15  
Valentine Pond Rd #55  
Horicon Ave #31  
East Schroon River Rd #64  
Market St #33  
Watering Tub Rd #53

### Adirondack Park Agency Questions:

1) Are there wetlands on the property? YES NO UNKNOWN

**IF YES,** \_\_\_\_\_Acres/Sq Ft.

**IF UNKNOWN,** have you contacted the APA to inquire if wetlands exist on parcel or requested a site review to flag possible wetlands? YES NO

2) Is an Adirondack Park Agency (APA) permit required? YES NO UNKNOWN

**IF YES,** Have you applied for an APA permit? YES NO please attach correspondence you have had with the APA.

**IF UNKNOWN,** have you applied for an APA Jurisdictional determination or had contact with the APA for determination? YES NO

**IF YES,** please attach application for determination.

**IF NO,**  
explain\_\_\_\_\_.

***Notice is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review the project, the reasonable and necessary expenses associated with such review shall be borne by the project applicant.***

I, We hereby authorize the Town of Horicon, it's employees and authorized agents access to the property for purpose of inspection.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, \_\_\_\_\_, the owner of record of the  
property described in this application hereby empower, \_\_\_\_\_  
to act as my agent and representative in conducting presentations to the necessary board(s) and in  
deliberations with the board(s) pertaining to my application.

As my agent, He/She is empowered to act on my behalf in full. In so doing I, the owner applicant,  
understand that I am bound by any conditions imposed on my project and agreed to by my agent or  
by conditions or restrictions imposed by my agent as part of the presentation.

\_\_\_\_\_  
Signature of Owner/Applicant

Date

Notary

\_\_\_\_\_  
Signature of Owner/Applicant

Date

Notary

\_\_\_\_\_  
Signature of Agent/Representative

Date

Notary

\_\_\_\_\_  
Signature of Agent/Representative

Date

Notary